FORM PTQ-1083

Attorney Docket No. 83377.0009

Customer No. 26021

07/28/05

Date

AUG O

UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kui YAO et a

Serial No: 10/6

Confirmation No: 7143 Filed: July 15, 2003

For: Micromachined Electromechanical Device

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Art Unit: 2823

Examiner: Coleman, William D

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450, on

July 28, 2005

Date of Deposit
Juanita Soberanis

Name Suanta Sofeian

Signature

Transmitted herewith in the above-identified application are the following items:

Amendment.

Return postcard.

The fee has been calculated as shown below:

-	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*		LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	15	-	26	**	0	LG=\$50 SM=\$25	\$0	\$	0	
INDEPENDENT CLAIMS FEE	5	-	3	***	2	LG=\$200 SM=\$100	\$200	\$	400	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180								\$	0	
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS								\$	0	
Independent Claims: 2, 5, 6, 11 and 14								\$	400	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$_0\$ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge \$400 to cover the additional independent claims fee and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

08/02/2005 AKELECH1 00000046 501314 10619923

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Date: July 28, 2005

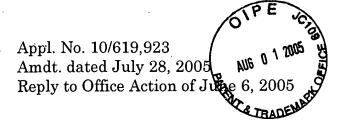
Biltmore Tower

500 South Grand Avenue, Suite 1900

Los Angeles, California 90071 Telephone: 213 337-6700 Facsimile: 213 337-6701 Respectfully submitted,

HOGAN & HARTSON L.L.P.

Troy M Schmelzer Registration No. 36,667 Attorney for Applicant(s)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kui YAO et al.

Serial No. 10/619,923

Confirmation No. 7143

Filed:

July 15, 2003

For:

Micromachined Electromechanical

Device

AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Art Unit: 2823

Examiner: Coleman, William D.

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Juanita Soberanis

July 28, 2005

Mame Indoné 07/28/200

Signature

Date

Dear Sir:

In response to the Office Action dated June 6, 2005, please amend this application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.